DOCUMENT RESUME

ED 229 677 CG 016 647

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TITLE Mental Health Services in a School of Dentistry.
PUB DATE Aug 82
NOTE 7p.; Paper presented at the Annual Convention of the American Psychological Association (90th, Washington, DC, August 23-27, 1982).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Anxiety; Clinical Experience; Consultation Programs; *Counseling Services; *Dental Schools; *Dental Students; Depression (Psychology); Fear; Higher Education; *Mental Health Programs; Program Descriptions; *Psychological Needs; Psychological Services; *Stress Variables
IDENTIFIERS *University of Mississippi

ABSTRACT

This paper presents a rationale for and description of psychological services in the areas of consultation and education for university dental students at the University of Mississippi School of Dentistry. The paper notes several factors pointing to the need for such services: first, while dental professionals and students are disinclined to seek help from mental health professionals via formal mental health systems, the need for mental health services for dentists and dental students is extensive and documented; second, data indicate that dentistry is a stressful occupation with physical and psychological stressors present during training. The document lists such stressors as financial burden, difficult curriculum, and stressful atmosphere in the clinical training setting. Results of such stressors, including depression, anxiety, fear, and tension are noted. A program of mental health education and consultation for dental students is outlined which is informal in nature, multifaceted yet systematic. Examples of the informal program elements include informal notification of available services, arranging for private office space, and providing informal "coffee-cup counseling" on a drop-in basis. While the program described is geographically specific, generalities about problems, issues and concerns can be useful for others interested in this area. (WAS)

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MENTAL HEALTH SERVICES IN A SCHOOL OF DENTISTRY

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It has been recommended by the major dental professional organizations that each U. S. dental school have available on its staff the services of a psychologist. This paper presents a rationale for and description of psychological services in the areas of consultation and education at the University of Mississippi School of Dentistry. The description of such services applies only to the specific school in question but based on personal communication with colleagues at other dental schools certain generalities as to problems, issues and concerns can be made.

Originally, psychological services at the University of Mississippi School of Dentistry were to have been two major and separate thrusts--educational and clinical. As a matter of fact, two such distinct staff positions were included in the original staffing plans for the school. As economic realities and professional ethnocentric priorities took their toll on the original recommendations, Mississippi, as did many other schools, combined the two positions and sought a single renaissance psychologist to fulfill both functions. The current job description, therefore, notes a number of diverse duties within the major areas of educational and couseling psychology.

In spite of stated duties in both educational and counseling areas, emphasis and expectations by faculty and administration focused on the educational tasks, particularly those involved in curriculum planning and development and course evaluation. These expectations were at the expense of more direct helping services in the counseling domain. It was found that to increase awareness for the need of clinical services, activities similar to those often employed by community mental health professionals as they set about establishing a center in a new community were useful.

That is, public relations and a "soft sell" approach were undertaken to facilitate the acceptance of viable services to aid individual and group goals of personal and professional growth. Such efforts were successful in gaining the support of faculty and administration for the delivery of direct helping services to students, staff and faculty.

In spite of the typically reported unique profile of the dental professional and dental student--conforming, unconsciously aggressive, persistent, methodical, rigid, and motivated toward upward mobility and financial betterment--they appear to be similar to most individuals in our society in terms of their disinclination to seek help from mental health professionals, at least via the formal mental health system. Prior to the institution of more direct counseling services referred to above, mental health services to students consisted of formal referral by the Assistant Dean for Student Services to outpatient psychiatry. Needless to say, not many students followed through on the referral. It must be pointed out that the need for such mental health services by dentists and dental students alike is extensive and documented (Godwin et al., 1981; Ponce et al., 1981; Forrest, 1978).

The education and consultation services provided at the University of Mississippi School of Dentistry are predicated on the data indicating that dentistry is a particularly stressful occupation with established physical and psychological stressors (Cooper, 1980; Morse, 1977; Redmond, 1977), and more specifically that such stressors and resulting stress are present during the dentist's training in dental school (Ponce, Ponce & Bardzinski, 1981). A major stressor is financial in nature. Most dental students must go into debt to handle the relatively high tuition and instrument cost; in addition,

there typically is no room in their schedules for a part-time job (Miller, 1981; International Association of Dental Students, 1978). The curriculum is another stressor of note. Students are responsible for a great volume of material, attend class for long hours, and undergo high pressure examinations in didactic and clinical areas (Garbee, Zucker & Selby, 1980; Goldstein, 1979). In addition to didactic areas of responsibility, dental students are expected to master fine motor manual tasks in the limited confines of the oral cavity, another source of stress (Ponce et al., 1981; Morse, 1977).

In addition to the heavy workload noted above, the psychological atmosphere in the clinical training setting is rated as especially stressful by dental students (Garbee et al., 1980; Brown, 1981). Issues such as conflict with faculty, demands for perfection, and inconsistent feedback are also recognized stressors (Miller, 1981; Goldstein, 1979).

The results of such noted stressors include depression, anxiety, fear and tension. Garbee et al. (1980) has suggested that as many dental students drop out of school for personal as for academic reasons. Garbee et al. (1980) also note that dental students' stress-related physical symptoms include gastrointestinal symptoms, loss of appetite or overeating, sleep disturbances, fatigue and bowel disorders.

Given this framework, a program of mental health education and consultation was begun that is informal in nature, multifaceted, yet systematic. The elements of this program are outlined below:

I. Mental health education and informal notification of availability of services.

A. As part of teaching responsibilities in areas of "Interpersonal Communication Skills" and "Behavioral Dentistry".

B. Via seminars and symposia on mental health topics such as "Stress in Dentistry".

II. Arranging for private office space where confidentiality could be maintained while providing individual helping services.

III. Establishing a referral system within the community to deal with a variety of needs which cannot be handled internally either because of time or expertise deficits.

IV. Providing informal "coffee-cup counseling" on a drop-in-as-needed basis for students, staff and faculty.

V. Providing psychological and mental health consultation as part of committee responsibilities and other duties.

VI. Establishing and maintaining viable working relationships with other mental health professionals that allow joint efforts and preventive services such as stress management training seminars for students led by University of Mississippi Psychology faculty and graduate students.

REFERENCES

Brown, J.C. Dental Education stress questionnaire. Unpublished questionnaire, University of Mississippi, 1981.

Cooper, C.L. Dentists under pressure: A social psychology study. C.L. Cooper & J. Marshall (Eds.), White Collar and Professional Stress. New York: Wiley & Sons, 1980.

Forrest, W.R. Stresses and self-destructive behavior of dentists. Dental Clinics of North America, 1978, 22:361-371.

Garbee, W.H., Zucker, S.B. & Selby, G.R. Perceived sources of stress among dental students. Journal of the American Dental Association, 1980, 100:853-857.

Godwin, W.C., Starks, D.D., Green, T.G. & Koran, A. Identification of sources of stress in practice by recent dental graduates. Journal of Dental Education, 1981, 45:220-221.

Goldstein, M.B. Sources of stress and interpersonal support among first year dental students. Journal of Dental Education, 1979, 43:625-629.

International Association of Students. The quality of life of the dental student. International Dental Journal, 1978, 28:327-331.

Miller, R. Stress control: Can you find space in practice? Dental Student, 1981, 59:29-32.

Morse, D.R. Variety, exercise, meditation can relieve practice stress. Dental Student, 1977, 56:26-29.

Ponce, M.L., Ponce, A.Z., & Bardzinski, M. Stress Prevention for the Dentist. Clinical Preventive Dentistry, 1981, 3:21-23.

Redmond, P. What's behind the stress and strain of dentistry? Dental Economics, 1977, 67:38-44.